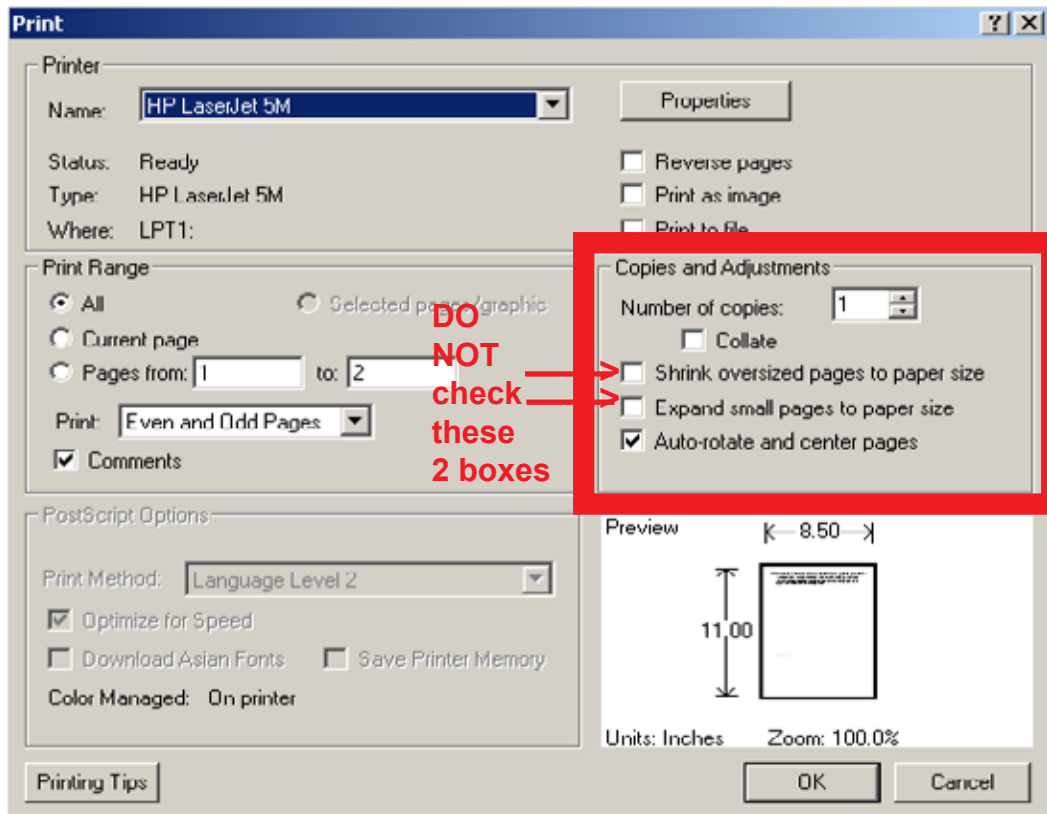


Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand boxes.



(This page intentionally left blank.)

A. Contents:

Pharmacist License by a Foreign Pharmacy School Graduate

1. 690-112.... Printing Instructions/Contents List/SSN Information/Deposit Slip	2 pages
2. 690-144 ... Pharmacist License by a Foreign Pharmacy School Application Instructions.....	1 page
3. 690-116.... Application Checklist for Foreign Graduates.....	1 page
4. 690-119.... Application Checklist for Foreign Graduate Score Transfer.....	1 page
5. 690-145 ... Application Checklist for Foreign Graduate Licensed in Florida or California.....	1 page
6. RCW 18.64.005, WAC 246-863-040	2 pages
7. 690-023 ... Washington State Pharmacy Intern Application.....	4 pages
8. 690-022 ... Washington State Pharmacist Application	4 pages
9. RCW 18.130.170, RCW 18.130.180	4 pages
10. 690-146 ... Letter of Recommendation.....	1 page
11. 690-054 ... Intern Site Evaluation Report.....	1 page
12. 690-095 ... Preceptor Evaluation and Certification of Experience.....	2 pages

B. Important Social Security Number Information:

* Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.

* Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099.**



Cut along this line and return the form below with your completed application and fees.



Pharmacist (Foreign Pharmacy School Graduate)

DEPOSIT SLIP

NAME (PLEASE PRINT) _____

DATE _____

Revenue Section
 P.O. Box 1099
 Olympia, Washington 98507-1099

Please note amount enclosed, and return with your application.

\$ _____

☐ Check
☐ Money Order

(This page intentionally left blank.)



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4825

Pharmacist License By A Foreign Pharmacy School Graduate Application Instructions

In response to your request, we have enclosed information about licensure in Washington using the Foreign Pharmacy Graduate Equivalency Examination (FPGEE). The information is also available at our website: <https://fortress.wa.gov/doh/hpqa1/hps4/Pharmacy/default.htm>.

The FPGEE is administered through the National Association of Boards of Pharmacy (NABP). Information on this examination is available from:

Foreign Pharmacy Graduate Examination Committee
1600 Feehanville Drive
Mount Prospect, IL 60056
Phone: (847) 391-4406
NABP Website: www.nabp.net

Requirements

- You must receive your certificate from the Foreign Pharmacy Graduate Examination Committee (FPGEC).
- You must pass the North American Pharmacist Licensure Examination (NAPLEX) which tests you on the knowledge, judgment and skills of an entry-level pharmacist and the Multistate Pharmacy Jurisprudence Examination (MPJE) which tests you on both federal and state laws and rules. There is a Pre-NAPLEX practice examination on the NABP website.
- You must submit a computerized examination registration form for both the NAPLEX and MPJE to NABP at PO Box 1057, Park Ridge IL 60068. \$465.00 for NAPLEX and \$185.00 for the MPJE. You may complete the registration forms and submit the payment by credit card (VISA or MasterCard) at the NABP website. If you do not have a credit card and/or prefer not to register online, you may request the paper registration forms by submitting your request and name and address to our Customer Service Center at csc@doh.wa.gov or by calling them at (360) 236-4700. Score transfer candidates take only the MPJE.
- Your FPGEE score will determine the number of intern hours (300-1500) you will be required to earn.
- The intern hours must be earned in the United States. If you register as an intern to earn these hours in Washington, copies of the FPGEC score report and certificate must be sent with your intern application and a non-refundable fee of \$20.00. If you earn the intern hours in another state, that state's board of Pharmacy must certify the hours to Washington State.

Timelines

- We require 3 weeks to process your application.
- You will receive your Authorization to Test (ATT) from the Chauncey Group within 3 weeks after documentation is complete.
- We will mail the NAPLEX and MPJE results to you in 7-10 business days.

(This page intentionally left blank.)



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4825

Application Checklist for Foreign Graduates

Name _____

Address _____

City _____ State _____ Zip _____

Dates indicate when we received the following items, the absence of a date indicates that we have not received the item.

Items required before Intern Registration:

- _____ Copy of your FPGEE score letter with a score of _____
 - _____ (75 to 90) requires 1500 intern hours, at least 1200 before exam
 - _____ (91 to 105) requires 1000 intern hours, at least 800 before exam
 - _____ (106 to 120) requires 500 intern hours, all before exam
 - _____ (over 120) requires 300 intern hours, all before exam
- _____ Copy of your FPGEC certificate
- _____ State intern application with the nonrefundable \$20 application fee

Items required before taking NAPLEX and MPJE:

- _____ State pharmacist application with the nonrefundable fee of \$130
- _____ Letter of Recommendation
- _____ Copy of your birth certificate or passport
- _____ Copy of your diploma
- _____ Certification of _____ intern hours, we have received _____ .

Required before pharmacist licensure:

- _____ Preceptor Evaluation
- _____ Intern Site Evaluation Report
- _____ Seven (7) hours of AIDS education
- _____ NAPLEX Score, on _____ you received a score of _____ .
- _____ MPJE Score, on _____ you received a score of _____ .
- _____ Received email from NABP verifying NAPLEX & MPSE scores.

Health Professions Section 4
(360) 236-4825

License number _____ Issued _____ Expires _____

(This page intentionally left blank.)



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4825

Application Checklist for Foreign Graduate Score Transfer

Name _____

Address _____

City _____ State _____ Zip _____

Dates indicate when we received the following items, the absence of a date indicates that we have not received the item.

Items required before taking the MPJE:

- _____ State pharmacist application with the nonrefundable fee of \$130
- _____ Letter of Recommendation
- _____ Certificate of 1200 intern hours, we have received _____
- _____ A copy of your birth certificate
- _____ A copy of your diploma
- _____ A copy of your FPGEE score report
- _____ A copy of your FPGEC certificate
- _____ Received email from NABP verifying FPGEE certificate
- _____ Score Transfer Report from NABP

Required before pharmacist licensure:

- _____ Preceptor's Evaluation
- _____ Intern Site Evaluation Report
- _____ Certification of a total of 1500 intern hours, we have received _____
- _____ Seven (7) hours of AIDS education
- _____ NAPLEX Score, on _____ you received a score of _____
- _____ MPJE Score, on _____ you received a score of _____

Health Professions Section 4
(360) 236-4825

License number _____ Issued _____ Expires _____

(This page intentionally left blank.)



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4825

Application Checklist for Foreign Graduate Licensed in Florida or California

Name _____

Address _____

City _____ State _____ Zip _____

Dates indicate when we received the following items, the absence of a date indicates that we have not received the item.

Items required before taking NAPLEX and MPJE:

- _____ State pharmacist application with the nonrefundable fee of \$130
- _____ Letter of Recommendation
- _____ A letter from your board of pharmacy indicating at least 1500 intern hours, current license in good standing and the date of original licensure.
- _____ A copy of your birth certificate
- _____ A copy of your diploma
- _____ A copy of your FPGEE score report
- _____ A copy of your FPGEC certificate
- _____ Received email from NABP verifying FPGEE certificate

Required before pharmacist licensure:

- _____ Seven (7) hours of AIDS education
- _____ NAPLEX Score, on _____ you received a score of _____
- _____ MPJE Score, on _____ you received a score of _____

Health Professions Section 4
(360) 236-4825

License number _____ Issued _____ Expires _____

(This page intentionally left blank.)

RCW 18.64.005 State board of pharmacy -- Powers and duties.

The board shall:

- (1) Regulate the practice of pharmacy and enforce all laws placed under its jurisdiction;
- (2) Prepare or determine the nature of, and supervise the grading of, examinations for applicants for pharmacists' licenses;
- (3) Establish the qualifications for licensure of pharmacists or pharmacy interns;
- (4) Conduct hearings for the revocation or suspension of licenses, permits, registrations, certificates, or any other authority to practice granted by the board, which hearings may also be conducted by an administrative law judge appointed under chapter 34.12 RCW;
- (5) Issue subpoenas and administer oaths in connection with any hearing, or disciplinary proceeding held under this chapter or any other chapter assigned to the board;
- (6) Assist the regularly constituted enforcement agencies of this state in enforcing all laws pertaining to drugs, controlled substances, and the practice of pharmacy, or any other laws or rules under its jurisdiction;
- (7) Promulgate rules for the dispensing, distribution, wholesaling, and manufacturing of drugs and devices and the practice of pharmacy for the protection and promotion of the public health, safety, and welfare. Violation of any such rules shall constitute grounds for refusal, suspension, or revocation of licenses or any other authority to practice issued by the board;
- (8) Adopt rules establishing and governing continuing education requirements for pharmacists and other licensees applying for renewal of licenses under this chapter;
- (9) Be immune, collectively and individually, from suit in any action, civil or criminal, based upon any disciplinary proceedings or other official acts performed as members of such board. Such immunity shall apply to employees of the department when acting in the course of disciplinary proceedings;
- (10) Suggest strategies for preventing, reducing, and eliminating drug misuse, diversion, and abuse, including professional and public education, and treatment of persons misusing and abusing drugs;
- (11) Conduct or encourage educational programs to be conducted to prevent the misuse, diversion, and abuse of drugs for health care practitioners and licensed or certified health care facilities;
- (12) Monitor trends of drug misuse, diversion, and abuse and make periodic reports to disciplinary boards of licensed health care practitioners and education, treatment, and appropriate law enforcement agencies regarding these trends;
- (13) Enter into written agreements with all other state and federal agencies with any responsibility for controlling drug misuse, diversion, or abuse and with health maintenance organizations, health care service contractors, and health care providers to assist and promote coordination of agencies responsible for ensuring compliance with controlled substances laws and to monitor observance of these laws and cooperation between these agencies. The department of social and health services, the department of labor and industries, and any other state agency including licensure disciplinary boards, shall refer all apparent instances of over-prescribing by practitioners and all apparent instances of legend drug overuse to the department. The department shall also encourage such referral by health maintenance organizations, health service contractors, and health care providers.

1990 c 83 § 1; 1989 1st ex.s. c 9 § 409; 1984 c 153 § 2; 1981 c 67 § 21; 1979 c 90 § 2; 1973 1st ex.s. c 18 § 2; 1963 c 38 § 18; 1935 c 98 § 3; RRS § 10132-2. Formerly RCW 43.69.030.]

NOTES:

Section captions not law – 1990 c 83: “Section captions as used in this act do not constitute any part of the law.” [1990 c 83 § 3.]

Effective date – Severability – 1989 1st ex.s. c 9: See RCW 43.70.910 and 43.70.920.

Effective dates – Severability – 1981 c 67: See notes following RCW 34.12.010.

WAC 246-863-040 Foreign-trained applicants.

(1) Applicants whose academic training in pharmacy has been obtained from institutions in Foreign countries, wishing to be licensed as pharmacists in the state of Washington shall take and pass the Foreign pharmacy graduate equivalency examination prepared by the Foreign pharmacy graduate education commission and shall have received an educational equivalency certificate from that commission.

(2) In addition, prior to licensure they shall pass the Washington state board of pharmacy full board examination and meet its internship requirements.

(3) Applicants whose academic training in pharmacy has been obtained from institutions in Foreign countries and whose credentials are such that no further education is necessary must earn a total of 1500 intern hours before licensure. The applicant must earn at least 1200 intern hours before taking the full board examination: Provided, That the board may, for good cause shown, waive the required 1500 hours.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-015 (Order 180), § 360-12-065, filed 1/9/84. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-065, filed 3/27/79; Order 122, § 360-12-065, filed 9/30/74.]



Health Professions Quality Assurance
P.O. Box 1099
Olympia, WA 98507-1099
(360) 236-4825

FOR OFFICE USE ONLY

VALIDATION:

REC'D DATE:

ISSUANCE DATE:

LICENSE #

Application For Pharmacy Intern Registration

Please Type or Print Clearly—It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

1. Demographic Information

APPLICANT'S NAME	LAST	FIRST	MIDDLE NAME
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
TELEPHONE (PERMANENT)	TELEPHONE (SCHOOL YEAR)	SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW)	
()	()		
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTHDATE (MO/DAY/YR) / /		
PLACE OF BIRTH (CITY/STATE)			
Have you ever been known under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list:			
NAME OF PHARMACY SCHOOL			
EXPECTED GRADUATION DATE		DATE ATTENDANCE IN PHARMACY CLASSES BEGAN	

2. Previous Licensure

Are you currently certified as a Pharmacy Technician in Washington State? ☐ Yes ☐ No
(If yes, return your certificate with this application; internship hours may not be earned as a Technician.)

Attach Current Photograph Here.
Indicate Date Taken and Sign in Ink Across Bottom of the Photo.
NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

3. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐
- "Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
- 1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
- 1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
- (If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)
2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐
- "Currently"** means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.
- "Chemical substances"** includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐
4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☐
- "Currently"** means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.
- "Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
- Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department does criminal background checks on all applicants.**
5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:
- a. the use or distribution of controlled substances or legend drugs?..... ☐ ☐
- b. a charge of a sex offense?..... ☐ ☐
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)..... ☐ ☐
6. Have you ever been found in any civil, administrative or criminal proceedings to have:
- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐
- b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐
- c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority?..... ☐ ☐
9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?..... ☐ ☐

4. Applicant's Attestation

I, _____, certify that I am the person described
NAME OF APPLICANT

and identified in this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or Foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

SIGNATURE OF APPLICANT

DATE

Official Use Only
Washington State Records Center

Important Information Regarding Personal Data Questions

This page contains important frequently asked questions and the Department of Health answers concerning the personal data questions. You will be held responsible for this information.

1. For questions 5a, 5b and 5c, do I need to reveal a conviction that is over three years or over five years old?

Yes, this question asks if you have ever been convicted, etc. of any crime other than a minor traffic violation.

2. For questions 5a, 5b and 5c, do I need to reveal a conviction that is not a felony?

Yes, you must reveal all convictions even if they were a misdemeanor or seem minor. The only exception to this is minor traffic infractions. You must, however, reveal a DUI or a Reckless Driving Conviction.

3. What happens if I answer “no” to a question I should have answered “yes” to?

The Department of Health can issue a “Statement of Charges” against your application for certification based on a deceptive answer. You will have the chance to respond and, if necessary, go to a hearing regarding this matter. Be aware that this process can be quite lengthy.

If you are granted a certification based on deceptive answers to the personal data questions and the Department later finds out about this, disciplinary action can be taken against your certification at that point in time. This means your credential could be revoked based on inaccurate information on your original application.

4. Do I need to send documentation when I answer, “Yes” to questions 5, 6, 7, 8 or 9?

Yes, you must provide a signed and dated statement of explanation and certified copies of all judgments, decisions, orders, agreements or surrenders. If you do not send this documentation with your application, it will delay the processing of your application.

5. What if I am convicted of a crime after I submit my application and/or received my certification?

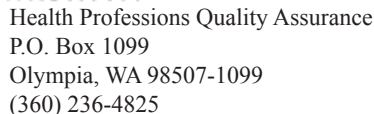
You are required by RCW 18.130.070(4) to report any conviction, determination or finding that you have committed unprofessional conduct or are unable to practice with reasonable skill and safety.

Please contact the Department of Health at (360) 236-4825 if you do not understand the above information.

Mail completed application and fee to:

Department of Health
Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4825

(This page intentionally left blank.)



FOR OFFICE USE ONLY	
VALIDATION:	
REC'D DATE:	
ISSUANCE DATE:	

LICENSE #

Check Appropriate Box: ☐ **NAPLEX** ☐ **Score Transfer** ☐ **License Transfer (Reciprocity)**

Please Type or Print Clearly—It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

1. Demographic Information

APPLICANT'S NAME		LAST		FIRST		MIDDLE NAME	
MAILING ADDRESS							
CITY				STATE		ZIP	
						COUNTY	
BUSINESS TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING NORMAL BUSINESS HOURS)		RESIDENCE TELEPHONE		SOCIAL SECURITY NUMBER (Required for license under 42 USC 666 and Chapter 26.23 RCW)			
()		()					

GENDER	BIRTHDATE (MO/DAY/YR)	PLACE OF BIRTH (CITY/STATE)
<input type="checkbox"/> Female <input type="checkbox"/> Male	/ /	

Have you ever been known under any other name? ☐ Yes ☐ No

If yes, list:

2. Previous Licensure

List all states where licenses are or were held. Specifically list licenses granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if license is current. (Attach additional 8 1/2 x 11 sheets if necessary.)

Attach Current Photograph Here.
Indicate Date Taken and Sign in Ink
Across Bottom of the Photo.

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

[illegible]

Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐
- “Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
- 1a. If you answered “yes” to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).
- 1b. If you answered “yes” to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.
- (If you answered “yes” to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in “1b” so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)
2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain..... ☐ ☐
- “Currently”** means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
- “Chemical substances”** includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism?..... ☐ ☐
4. Are you currently engaged in the illegal use of controlled substances?..... ☐ ☐
- “Currently”** means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, and includes at least the past two years.
- “Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.
- Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The Department does criminal background checks on all applicants.**
5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:
- a. the use or distribution of controlled substances or legend drugs?..... ☐ ☐
- b. a charge of a sex offense?..... ☐ ☐
- c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving)..... ☐ ☐
6. Have you ever been found in any civil, administrative or criminal proceedings to have:
- a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐
- b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐
- c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If “yes”, explain and provide copies of all judgments, decisions, and agreements. ☐ ☐
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☐
9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession?..... ☐ ☐

4. EDUCATION

In the spaces below, provide a chronological listing of your educational preparation and post-graduate training.
(Attach additional 8 1/2 x 11 sheets if necessary.)

SCHOOLS ATTENDED FULL NAME, CITY AND STATE	DEGREE EARNED	ATTENDANCE	
		FROM (MO/DAY/YR)	TO (MO/DAY/YR)

5. Professional Experience

In chronological order, list all professional experience. (Exclude activities listed under other sections.)
(Attach additional 8 1/2 x 11 sheets if necessary.)

INDICATE NATURE OF EXPERIENCE OR PRACTICE AND LOCATION	INCLUSIVE DATES OF EXPERIENCE	
	FROM (MO/DAY/YR)	TO (MO/DAY/YR)

6. AIDS Education and Training Attestation

I certify I have completed the minimum of seven (7) hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE
----------------------	------

7. Applicant's Attestation

I, _____, certify that I am the person described and identified in
NAME OF APPLICANT

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or Foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

SIGNATURE OF APPLICANT

DATE

Official Use Only
Washington State Records Center

Important Information Regarding Personal Data Questions

This page contains important frequently asked questions and the Department of Health answers concerning the personal data questions. You will be held responsible for this information.

1. For questions 5a, 5b and 5c, do I need to reveal a conviction that is over three years or over five years old?

Yes, this question asks if you have ever been convicted, etc. of any crime other than a minor traffic violation.

2. For questions 5a, 5b and 5c, do I need to reveal a conviction that is not a felony?

Yes, you must reveal all convictions even if they were a misdemeanor or seem minor. The only exception to this is minor traffic infractions. You must, however, reveal a DUI or a Reckless Driving Conviction.

3. What happens if I answer “no” to a question I should have answered “yes” to?

The Department of Health can issue a “Statement of Charges” against your application for certification based on a deceptive answer. You will have the chance to respond and, if necessary, go to a hearing regarding this matter. Be aware that this process can be quite lengthy.

If you are granted a certification based on deceptive answers to the personal data questions and the Department later finds out about this, disciplinary action can be taken against your certification at that point in time. This means your credential could be revoked based on inaccurate information on your original application.

4. Do I need to send documentation when I answer, “Yes” to questions 5, 6, 7, 8 or 9?

Yes, you must provide a signed and dated statement of explanation and certified copies of all judgments, decisions, orders, agreements or surrenders. If you do not send this documentation with your application, it will delay the processing of your application.

5. What if I am convicted of a crime after I submit my application and/or received my certification?

You are required by RCW 18.130.070(4) to report any conviction, determination or finding that you have committed unprofessional conduct or are unable to practice with reasonable skill and safety.

Please contact the Department of Health at (360) 236-4825 if you do not understand the above information.

Mail completed application and fee to:

Department of Health
Board of Pharmacy
PO Box 1099
Olympia WA 98507-1099
(360) 236-4825

(This page intentionally left blank.)

RCW 18.130.170 Capacity of license holder to practice—Hearing—Mental or physical examination—Implied consent.

(1) If the disciplining authority believes a license holder or applicant may be unable to practice with reasonable skill and safety to consumers by reason of any mental or physical condition, a statement of charges in the name of the disciplining authority shall be served on the license holder or applicant and notice shall also be issued providing an opportunity for a hearing. The hearing shall be limited to the sole issue of the capacity of the license holder or applicant to practice with reasonable skill and safety. If the disciplining authority determines that the license holder or applicant is unable to practice with reasonable skill and safety for one of the reasons stated in this subsection, the disciplining authority shall impose such sanctions under RCW 18.130.160 as is deemed necessary to protect the public.

(2)(a) In investigating or adjudicating a complaint or report that a license holder or applicant may be unable to practice with reasonable skill or safety by reason of any mental or physical condition, the disciplining authority may require a license holder or applicant to submit to a mental or physical examination by one or more licensed or certified health professionals designated by the disciplining authority. The license holder or applicant shall be provided written notice of the disciplining authority's intent to order a mental or physical examination, which notice shall include: (i) A statement of the specific conduct, event, or circumstances justifying an examination; (ii) a summary of the evidence supporting the disciplining authority's concern that the license holder or applicant may be unable to practice with reasonable skill and safety by reason of a mental or physical condition, and the grounds for believing such evidence to be credible and reliable; (iii) a statement of the nature, purpose, scope, and content of the intended examination; (iv) a statement that the license holder or applicant has the right to respond in writing within twenty days to challenge the disciplining authority's grounds for ordering an examination or to challenge the manner or form of the examination; and (v) a statement that if the license holder or applicant timely responds to the notice of intent, then the license holder or applicant will not be required to submit to the examination while the response is under consideration.

(b) Upon submission of a timely response to the notice of intent to order a mental or physical examination, the license holder or applicant shall have an opportunity to respond to or refute such an order by submission of evidence or written argument or both. The evidence and written argument supporting and opposing the mental or physical examination shall be reviewed by either a panel of the disciplining authority members who have not been involved with the allegations against the license holder or applicant or a neutral decision maker approved by the disciplining authority. The reviewing panel of the disciplining authority or the approved neutral decision maker may, in its discretion, ask for oral argument from the parties. The reviewing panel of the disciplining authority or the approved neutral decision maker shall prepare a written decision as to whether: There is reasonable cause to believe that the license holder or applicant may be unable to practice with reasonable skill and safety by reason of a mental or physical condition, or the manner or form of the mental or physical examination is appropriate, or both.

(c) Upon receipt by the disciplining authority of the written decision, or upon the failure of the license holder or applicant to timely respond to the notice of intent, the disciplining authority may issue an order requiring the license holder or applicant to undergo a mental or physical examination. All such mental or physical examinations shall be narrowly tailored to address only the alleged mental or physical condition and the ability of the license holder or applicant to practice with reasonable skill and safety. An order of the disciplining authority requiring the license holder or applicant to undergo a mental or physical examination is not a final order for purposes of appeal. The cost of the examinations ordered by the disciplining authority shall be paid out of the health professions account. In addition to any examinations ordered by the disciplining authority, the licensee may submit physical or mental examination reports from licensed or certified health professionals of the license holder's or applicant's choosing and expense.

(d) If the disciplining authority finds that a license holder or applicant has failed to submit

to a properly ordered mental or physical examination, then the disciplining authority may order appropriate action or discipline under RCW 18.130.180(9), unless the failure was due to circumstances beyond the person's control. However, no such action or discipline may be imposed unless the license holder or applicant has had the notice and opportunity to challenge the disciplining authority's grounds for ordering the examination, to challenge the manner and form, to assert any other defenses, and to have such challenges or defenses considered by either a panel of the disciplining authority members who have not been involved with the allegations against the license holder or applicant or a neutral decision maker approved by the disciplining authority, as previously set forth in this section. Further, the action or discipline ordered by the disciplining authority shall not be more severe than a suspension of the license, certification, registration or application until such time as the license holder or applicant complies with the properly ordered mental or physical examination.

(e) Nothing in this section shall restrict the power of a disciplining authority to act in an emergency under RCW 34.05.422(4), 34.05.479, and 18.130.050(7).

(f) A determination by a court of competent jurisdiction that a license holder or applicant is mentally incompetent or mentally ill is presumptive evidence of the license holder's or applicant's inability to practice with reasonable skill and safety. An individual affected under this section shall at reasonable intervals be afforded an opportunity, at his or her expense, to demonstrate that the individual can resume competent practice with reasonable skill and safety to the consumer.

(3) For the purpose of subsection (2) of this section, an applicant or license holder governed by this chapter, by making application, practicing, or filing a license renewal, is deemed to have given consent to submit to a mental, physical, or psychological examination when directed in writing by the disciplining authority and further to have waived all objections to the admissibility or use of the examining health professional's testimony or examination reports by the disciplining authority on the ground that the testimony or reports constitute privileged communications.

[1995 c 336 § 8; 1987 c 150 § 6; 1986 c 259 § 9; 1984 c 279 § 17.]

NOTES:

Severability—1987 c 150: See RCW 18.122.901.

Severability—1986 c 259: See note following RCW 18.130.010.

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder or applicant under the jurisdiction of this chapter:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

(5) Suspension, revocation, or restriction of the individual's license to practice any health care profession by competent authority in any state, federal, or Foreign jurisdiction, a certified copy of the order, stipulation, or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diversion of controlled substances or legend drugs, the violation of any drug law, or prescribing controlled substances for oneself;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority;

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding; or

(d) Not providing reasonable and timely access for authorized representatives of the disciplining authority seeking to perform practice reviews at facilities utilized by the license holder;

(9) Failure to comply with an order issued by the disciplining authority or a stipulation for informal disposition entered into with the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Violations of rules established by any health agency;

(12) Practice beyond the scope of practice as defined by law or rule;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The procuring, or aiding or abetting in procuring, a criminal abortion;

(19) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(20) The willful betrayal of a practitioner-patient privilege as recognized by law;

(21) Violation of chapter 19.68 RCW;

(22) Interference with an investigation or disciplinary proceeding by willful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action, or by the use of financial inducements to any patient or witness to prevent or attempt to prevent him or her from providing evidence in a disciplinary proceeding;

(23) Current misuse of:

(a) Alcohol;

(b) Controlled substances; or

(c) Legend drugs;

(24) Abuse of a client or patient or sexual contact with a client or patient;

(25) Acceptance of more than a nominal gratuity, hospitality, or subsidy offered by a representative or vendor of medical or health-related products or services intended for patients, in contemplation of a sale or for use in research publishable in professional journals, where a conflict of interest is presented, as defined by rules of the disciplining authority, in consultation with the department, based on recognized professional ethical standards.

[1995 c 336 § 9; 1993 c 367 § 22. Prior: 1991 c 332 § 34; 1991 c 215 § 3; 1989 c 270 § 33; 1986 c 259 § 10; 1984 c 279 § 18.]

NOTES:

Application to scope of practice—Captions not law—1991 c 332: See notes following RCW 18.130.010.

Severability—1986 c 259: See note following RCW 18.130.010.



Washington State Board of Pharmacy
PO Box 47863
Olympia, WA 98504-7863
(360) 236-4825

Letter of Recommendation

Date _____

To the State Board of Pharmacy, the State of Washington:

I hereby certify that I am a licensed Pharmacist in good standing in the state of _____ ,

my certificate number being _____. I further certify that I have been personally

acquainted with _____ for

_____ months/years and that to the best of my knowledge and belief he/she is of

good moral and professional character: that he/she is free from habits liable to interfere with his/her

professional services: that his/her standing is good in the community he/she now lives: that he/she is

worthy of receiving license to practice Pharmacy in the State of Washington.

Remarks: _____

PRINT NAME

SIGNATURE

STREET ADDRESS

CITY

STATE

ZIP

(This page intentionally left blank.)



Washington State Board of Pharmacy
P.O. Box 47863
Olympia, WA 98504-7863
(360) 236-4825

Intern Site Evaluation Report

NOTE: *This form must be submitted to the Board office upon completion of an internship experience. No internship hours will be accepted without this evaluation report pursuant to WAC 246-858-050(1). If the internship experience exceeds twelve (12) months, it is recommended that this form be submitted annually.*

NAME OF INTERN

NAME OF PRECEPTOR

NAME OF INTERNSHIP SITE

Intern evaluation of preceptor:

Intern evaluation of internship program at this site:

SIGNATURE OF INTERN

DATE

(This page intentionally left blank.)



Washington State Board of Pharmacy
P.O. Box 47863
Olympia, WA 98504-7863
(360) 236-4825

Preceptor Evaluation and Certification of Experience

This form must be submitted to the Board office at the completion of the internship experience. If the internship experience exceeds twelve (12) months, it is recommended that this form be filed annually.

NAME OF INTERN		YEAR IN SCHOOL <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
INTERN STREET ADDRESS			
CITY		STATE	ZIP
NAME OF PRECEPTOR			
NAME OF INTERNSHIP SITE			
STREET ADDRESS			
CITY		STATE	ZIP
Preceptor Evaluation of Intern			
<p>Briefly describe the type of professional experience received under your supervision. Comment on the intern's communication skills, accuracy, professional attitude, dispensing skills, ability to evaluate and monitor therapy, and knowledge of pharmacy management. Also, pursuant to WAC 246-858-070(3), provide your assessment of the intern's ability to practice pharmacy at this stage of his or her internship. Attach an additional sheet(s) if needed.</p>			
SIGNATURE OF PRECEPTOR		DATE	

